

**ADOLESCENT DEVELOPMENT TABLE**

| <b>Approximate Age</b>                                   | <b>Early Adolescence</b><br>Females 11-14,<br>Males 13-15   | <b>Middle Adolescence</b><br>Females 15-17,<br>Males 16-19  | <b>Late Adolescence</b><br>Females 18-25,<br>Males 20-26   |
|--|---|---|--|
| <b>Cognitive Thinking</b>                                | <b>Concrete Thinking:</b><br>Here and now. Appreciate immediate reactions to behavior but no sense of later consequences.   | <b>Early Abstract Thinking:</b><br>Inductive/deductive reasoning. Able to connect separate events, understand later consequences. Very self-absorbed, introspective, lots of daydreaming and rich fantasies.  | <b>Abstract Thinking:</b><br>Adult ability to think abstractly. Philosophical, intense idealism about love, religion and social problems.  |
| <b>Task Areas</b>  |   |   |  |
| 1. Family Independence                                   | <ul style="list-style-type: none"> <li>• Transitions from obedient to rebellious</li> <li>• Reflection of parental guidelines</li> <li>• Ambivalence about wishes (dependence/independence)</li> <li>• Underlying need to please adults</li> <li>• Hero worship ("crushes")</li> </ul>  | <ul style="list-style-type: none"> <li>• Insistence on independence, privacy</li> <li>• May have overt rebellion or sulk, withdrawal</li> <li>• Much testing of limits</li> <li>• Roleplaying of adult roles (but not felt to be "real"—easily abandoned)</li> </ul>  | <ul style="list-style-type: none"> <li>• Emancipation (leave home)</li> <li>• Re-establishment of family ties</li> <li>• Assume true adult roles with commitment</li> </ul>  |
| 2. Peers-Social/Sexual                                   | <ul style="list-style-type: none"> <li>• Same sex "best" friend</li> <li>• Am I normal? Concerns</li> <li>• Giggling boy-girl fantasies</li> <li>• Sexual experimentation (intercourse) not normal at this age. Done to: counteract fears of worthlessness, obtain friends, humiliate parents</li> </ul>  | <ul style="list-style-type: none"> <li>• Dating, intense interest in "opposite sex"</li> <li>• Sexual experimentation begins</li> <li>• Risk-taking common</li> <li>• Unrealistic concept of partner's role</li> <li>• Need to please significant peers of either sex. For females, boyfriend alone may be "significant peer"</li> </ul>  | <ul style="list-style-type: none"> <li>• Partner selection</li> <li>• Realistic concept of partner's role</li> <li>• mature friendships</li> <li>• True intimacy possible only after own identity established</li> <li>• Need to please self also ("enlightened self-interest")</li> </ul>   |
| 3. School-Vocation                                       | <ul style="list-style-type: none"> <li>• Still need structured school setting</li> <li>• Goals unrealistic, changing</li> <li>• Grades often drop due to priority on socializing with friends</li> </ul>  | <ul style="list-style-type: none"> <li>• More class choices in school setting</li> <li>• Beginning to identify skills, interest</li> <li>• Start part-time job</li> <li>• Begin to react to system's expectations: may decide to beat the establishment at its own game (super achievers) or to reject the game (drop-outs)</li> </ul>  | <ul style="list-style-type: none"> <li>• Full time work or college</li> <li>• Identify realistic career goals</li> <li>• Watch for apathy (no future plans) or alienation, since lack of goal-orientation is correlated with unplanned pregnancy, juvenile crime, etc.</li> </ul>  |
| 4. Self-perception Identity Social Responsibility Values | <ul style="list-style-type: none"> <li>• Incapable of true self-awareness while still concrete thinker</li> <li>• Losing child's role but do not have adult role, hence low self-esteem</li> <li>• Tend to use denial (it can't happen to me)</li> <li>• Stage II values (back-scratching—good behavior in exchange for rewards)</li> </ul>   | <ul style="list-style-type: none"> <li>• Confusion/flux about self-image</li> <li>• Seek group identity</li> <li>• Very narcissistic</li> <li>• Impulsive, impatient</li> <li>• State III values (conformity—behavior that meets peer group values)</li> </ul>  | <ul style="list-style-type: none"> <li>• Realistic, positive self-image</li> <li>• Able to consider other's needs, less narcissistic</li> <li>• Able to reject group pressure if not in self-interest</li> <li>• State IV values (social responsibility—behavior consistent with laws and duty)</li> </ul>   |
| Chief Health Issues (other than acute illness)           | <ul style="list-style-type: none"> <li>• Psychosomatic symptoms</li> <li>• Fatigue and "growing pains"</li> <li>• Concern about normalcy</li> <li>• Screening for growth and developmental problems</li> </ul>  | <ul style="list-style-type: none"> <li>• Outcomes of sexual experimentation (STD's teen pregnancy)</li> <li>• Health-compromising behaviors (drugs, alcohol, driving)</li> <li>• Crisis counseling (runaways, acting-out, family conflict)</li> </ul>   | <ul style="list-style-type: none"> <li>• Health promotion/healthy lifestyles</li> <li>• Contraception</li> <li>• Self-responsibility for health and health care</li> </ul>   |
| Professional Approach To retain sanity, staff should:    | <ul style="list-style-type: none"> <li>• Firm direct support</li> <li>• Convey limits—simple concrete choices</li> <li>• Do not align with parents, but do be an objective caring adult</li> <li>• Encourage transference (hero-worship)</li> <li>• Sexual decisions—directly encourage to wait</li> <li>• Encourage parental presence in clinic, but interview teen alone</li> </ul> | <ul style="list-style-type: none"> <li>• Be an objective sounding board (but let them solve own problem)</li> <li>• Negotiate choices</li> <li>• Be role model</li> <li>• Don't get too much history ("grandiose stories")</li> <li>• Confront gently—about consequences, responsibilities</li> <li>• Consider: what gives them status in the eyes of peers?</li> <li>• Use peer-group sessions</li> <li>• Adapt systems to crises, walk-ins, impulsiveness, testing</li> <li>• Ensure confidentiality</li> <li>• Allow teens to seek care independently</li> </ul> | <ul style="list-style-type: none"> <li>• Allow mature participation in decisions</li> <li>• Act as a resource</li> <li>• Idealistic stage, some convey "professional" image</li> <li>• Can expect patient to examine underlying wishes, motives, e.g., pregnancy wish if poor compliance with contraception</li> <li>• Older adolescents able to adapt to policies and needs of clinic system</li> </ul> |